

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Title::	Method for Treating Obstructive Sleep Disorder Includes Removing Tissue from the Base of Tongue
Attorney Docket Number::	E-11
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	34
Small Entity?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States of America
Status::	Full Capacity
Given Name::	Ronald A. Underwood
Family Name::	Underwood
City of Residence::	Belmont
Country of Residence::	United States of America
Street of mailing address::	3236 Upper Lock Avenue
City of mailing address::	Belmont
State or Province of mailing address::	California
Country of mailing address::	United States of America
Postal or Zip Code of mailing address::	94002

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States of America

Status:: Full Capacity
Given Name:: Maria B. Ellsberry
Family Name:: Ellsberry
City of Residence:: Fremont
Country of Residence:: United States of America
Street of mailing address:: 43671 Skye Road
City of mailing address:: Fremont
State or Province of mailing address:: California
Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 94539-5926

Correspondence Information

Correspondence Customer Number:: 021394
Name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94085-3523
Phone number:: (408) 736-0224
Fax Number:: (408) 530-9143
E-Mail address:: rbatt@arthrocure.com

Representative Information

Representative Customer Number:: 021394

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation In Part	09/562,496	May 1, 2000
09/562,496	Division of	09/295,687	April 21, 1999

Assignee Information

Assignee name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: California
Postal or Zip Code of mailing address:: 94085-3523